MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. -52 24. TOTAL IND TOTAL IND.

TOTAL DEP

TOTAL